

TITLE VI COMPLAINT FORM
Montgomery County Department of Transportation
Division of Transit Services

Montgomery County is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Office of Human Rights Enforcement Manager by calling (240) 777-8450. The completed form must be returned to the Montgomery County Office of Human Rights, 21 Maryland Avenue, Suite 330, Rockville, MD 20850.

(Please print)

Section I:	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
Accessible Format Requirement? <input checked="" type="radio"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other (specify)	

Section II:	
Are you filing this complaint on your own	<input checked="" type="radio"/> Yes* (if yes, go to Section III) <input type="checkbox"/> No
If not, please supply the name and relationship of the person for who you are filing the complaint.	
Please explain why you have filed for a third-party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third- party.	<input checked="" type="radio"/> Yes <input type="checkbox"/> No

Section III:
I believe the discrimination I experienced was based on (check all that apply):
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other (specify)
Date of the Alleged Discrimination (Month, Day, Year):
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of

Complete reverse side of form

